

## **Professional Development in Infant/Early Childhood Mental Health Consultation**

April Williams: Hello and welcome. Thank you for joining us today for our webinar, "Professional Development in Infant/Early Childhood Mental Health Consultation." This webinar is sponsored by the Head Start National Center on Health. My name is April Williams and I'm the program coordinator for the National Center on Health. Before we begin today's webinar, I'd like to highlight a few housekeeping items. First a few details. If you're using Wi-Fi and you're not hardwired, you may experience greater lag time during the presentation.

The slides will advance automatically throughout the presentation and attendees will not have control over the slides. All attendees' lines are muted, but if you have a question, we encourage you to type your question in the "Ask a Question" box. If time permits, there will be a short question and answer time at the end of the webinar. But if we do not have time to address your question during that time, we'll send you an answer directly via email in the next several weeks. If you're listening to the webinar by phone, you must click on the "Listen by Phone" button that's just above the "Ask a Question" box. During this webinar, we are very excited that we'll be able to show you videos and do a live screen share.

The audio for the video will only be available to those that are listening by computer. To view the presentation in full screen mode, click on the black button at the upper right hand corner of the presentation slides. After the webinar, you'll be redirected to an online evaluation. Please take a few minutes to share your feedback on today's event. Only participants who complete the evaluation will receive a certificate of participation. If you're watching as a part of a group, the person who logged into the webinar will receive an email with a link to a Survey Monkey, where the people who weren't able to take the survey immediately after the webinar will be able to take the survey so that they can get a certificate. If you need technical assistance during the webinar, please type your question in the "Ask a Question" box and our technical staff will be able to help you. At this point, I'd like to introduce today's speakers for the webinar.

First, Dr. Neal Horen. Dr. Horen is a clinical psychologist who has focused on early childhood mental health for the last 20 years. He is director of the early childhood division and co-director of training and technical assistance for the Georgetown University Center for Child and Humans. Dr. Horen has worked closely with numerous states, tribes, territories, and communities in supporting their development of systems of care for young children and their families. He's the co-director of mental health on the Head Start National Center on Health. In that capacity, he has delivered approximately 100 trainings across the country and has co-led development of numerous materials. More recently, he has co-led efforts at building an online professional development curricula on infant and early childhood Mental Health Consultation. Dr. Horen has helped to develop innumerable materials related to infant and early childhood Mental health consultations, including training guides, evaluation guides, monographs, and he continues to be active in providing mental health consultation as a part of his clinical practice. In

addition, Dr. Horen continues to spend time working in direct clinical care, including development of social skills, interventions for young children, and he is the director of the HOYA clinic, which offers therapeutic and assessment services for young children and families. Dr. Horen's primary interest is in early childhood mental health and he has lectured extensively on infant and early childhood mental health, challenging behaviors in young children, social skills development, as well as impact on trauma on child development. He is the proud father of three children, age 16, 14, and 14. Next is Amy Hunter. Amy Hunter is an assistant professor at Georgetown University Center for the Child and Human Development. Currently Amy oversees the mental health section of the Head Start National Center on Health. Previously, Amy served in many positions at Zero to Three, including as the director of program operations for the Early Head Start National Resource Center and the project director for the infant/toddler portion of the Center on Social/Emotional Foundations, an early learning project. For 20 years, Amy has been involved in early childhood mental health, including providing training and technical assistance on early childhood mental health to individuals and groups around the country. Amy maintains a small private practice on Capitol Hill in Washington, D.C., where she lives with her husband and two boys.

And our last presenter today is Lauren Rabinovitz. Lauren is a policy associate at the Georgetown Center for the Child and Human Development Early Childhood Division. Currently Lauren is working with the Head Start National Center on Health. In this role, Lauren is leading the development of an online mental health consultation, professional development continuum. She also provides training and technical assistance on mental health. Lauren is the project coordinator for an evaluation of a home visiting improvement study in Washington, D.C. Previously, she was the project lead of a multimedia trauma-informed care resource tool for the National Dissemination. Lauren brings a unique perspective to the policy work at the center based on many years of clinical experience. She has worked as a clinical case manager in the District of Columbia foster care system and as a Mental Health Consultant at the University of Maryland School of Medicine Center for Infant Study, providing expertise to family and program staff at the largest Head Start in Baltimore city regarding children's mental health. Lauren is a licensed clinical social worker with specialized training in early childhood mental health. She studied psychology at the University of Maryland College Park, clinical social work at the University of Maryland School of Social Work in Baltimore, and maternal and child health at the George Washington School of Public Health and Health Services.

And now I'll go ahead and turn it over to our speakers.

Dr. Horen: Thanks April. I think we'll just continue and have each person [Inaudible]. We appreciate it, that was very kind. This is Neal Horen from Georgetown and I'm here with Amy and Lauren. We're going to save Lauren for last because she's done an unbelievable amount of work on this, but we're really excited. We've spent the last six months or so and probably 15 years before that getting ready, but the last six months trying to develop this online piece that we're really excited to start to show you. As April mentioned, there's going to be some video involved. We'll show you some of the prototypes from the website. It's not live yet on ECLKC. And as you guys know, that does oftentimes take a bit. But we're wrapping up our part of it and then hopefully this'll be available to all of you fairly soon. We are just going to spend a little bit of time talking about mental health consultation. Many of you are very familiar

with these definitional pieces and outcomes and things like that. And we do want to leave a good amount of time to walk folks through some of the aspects of this new professional development piece that we've been working on. We're hoping in this hour that we can do a little definitional piece for you, we can talk a bit about core components. So some of you know here at Georgetown we spent quite a long time thinking about infant and early childhood mental health consultation and developing a model that we feel really is a good way to think about this. And we really want to help folks become aware of this new resource that we've been working on quite extensively. So let's talk a little bit about a definition. And this is in some ways a data definition because you'll see that it talks about capacity building and folks in child care center staff, and we know that mental health consultation is happening in a lot of venues. It's happening in Early Head Start and Head Start. It's happening in home visiting, it's happening within the child welfare system, it's happening in primary care as well as in child care and early care and education centers. So we think of mental health consultation as a way in which someone with professional expertise in mental health is working to build up expertise with other individuals. So it's not a direct service, and we'll talk a little bit about that. But it really is an indirect service aimed at building the skills and supporting the skills of those who are working with young children and their families. We know that when we talk about any kind of intervention, that it has to be culturally sensitive and family focused. And we know from much of our work at the National Center on Health over the last four years that these two pieces are unbelievably important. We've had -- there are TA centers dedicated to this. And we know that when we talk about infant/early childhood mental health consultation that it has to be done in a way that is appropriate for the particular child and family, for the particular center, for the community, for the state, tribal, territory, or wherever it's happening. And it has to be focused on building and supporting what's happening for the family. It isn't a direct treatment service per se.

It really is about promoting social-emotional development for all children. When some children are displaying some sort of behavior that may be challenging, it's about trying to help address that. And really we found that it can have an impact on children, families, and staff. And those outcomes are something that we're going to spend a little bit of time talking, not too much. We've done that before. But we're going to spend a little bit of time talking about it. We always like when we talk about the definitional piece to also point out that, at least in theory -- and we're well aware that there are folks who are doing mental health consultation that may be doing some of these things on the slide up here -- but we like to think of infant/early childhood mental health consultation as a particular type of support of intervention that does not include formal evaluation, any types of therapeutic interventions, staff therapy, things like that.

We think of it as a problem solving collaborative relationship between someone with mental health expertise and somebody who is primarily working directly with children and families. It doesn't mean that you should leave this webinar and say, "Oh man, we have a Mental Health Consultant but sometimes he/she does therapy." That happens, we understand the realities that are out there. But we like to think of this as a particular type of intervention and, when possible, not to be mixed up with direct therapeutic interventions, such as those listed here.

So with that, I'm going to turn it over to my partner Amy, who is going to talk a bit about some of the outcomes. We've done a fair amount of study over the last 15 years of infant/early childhood mental health consultation and we have some good information about some of the kinds of positive outcomes that come out of effective mental health consultations. So I'm going to turn it over to Amy.

Amy Hunter: Hello everyone. It's great to be with you this afternoon. Before I talk about some of the outcomes, I do want to mention for some of you, the term "infant/early childhood mental health" might be a new way of referring to what was often previously talked about as early childhood mental health consultation and we included the 'I' fairly recently as a result of a meeting that took place with a number of experts in the field of early childhood mental health consultation. The meeting took place at SAMHSA. And there were some consensus around including the 'I' for infant so that the younger years, younger than preschool, were included very explicitly. So there was a feeling among the experts throughout the country that if we didn't specifically call out that the infancy period, then it'd be really easy to focus just on the preschool years. And so when we've been doing some of this training recently, people have asked, "What is the 'I'?" And that "I/ECMHC" terminology has sort of thrown some folks. So I just wanted to be really explicit about that that's kind of an update or evolution around the early childhood mental health consultation, to specifically call out that infancy period. So let me just spend a little bit of time talking about some of the outcomes. And we're going to first talk about child and family-level outcomes. And probably one of the most common or well-known outcomes is around reductions in problem behavior. And we know that from other research, teachers' number one concern after they graduate from their teacher preparation programs and get into working in early childhood, their number one training request is typically around challenging behavior.

And so the idea that infant/early childhood mental health consultation helps to reduce children's problem behaviors is very exciting. Also, we have research that shows that consultation helps to reduce preschool suspensions and expulsions. I know many of you probably are quite familiar with Walter Gilliam's research that said that preschool children are expelled at a rate of three times all children K-12, which is really remarkable. We know that boys are five times more likely to be expelled than girls and specifically African-American boys are at the highest risk for being expelled. So in many ways, infant/early childhood mental health consultation has been seen as an excellent approach to prevent those preschool expulsions that we know can lead to very poor trajectories down the road. We also have research that shows so not only are we decreasing children's problem behavior but the infant/early childhood mental health consultation shows improved children's social skills, improved communication among children or with children, improved self control, improved increases in coping skills, and interpersonal relationships with their peers, and using the DECA of some improved initiative and improved attachment. The other piece that I'll highlight on this slide is particularly around families is that in programs that implement infant/early childhood mental health consultation, parents have reduced days of missing work, which is really incredible that we think about when children have concerning behavior, problem behavior.

They often get called off because they often get called and sometimes they either have to pick up their children or are being asked to do home-based programming or things like that. So the idea that this intervention can help parents stay working and have less days missed is really exciting. So we also have

some provider-level outcomes. And when we think about provider-level outcomes, we're looking at things like teachers' reduction in being punitive, improvements in teachers' interactions with children, specifically around teachers talking about feelings, and being able to manage children's behavior in more effective and supportive ways. There are improvements in CLASS scores, specifically around emotional support, and the classroom organizational subscales of the CLASS. A really exciting outcome among providers and teachers specifically is that they feel more confident and competent about their jobs and about working with young children and about supporting children with challenging behavior. More recently there has been some research around home visiting and provider outcomes related to improvements in being able to engage families, improvements in the dosage of the home visiting so that they're seeing families more often or according to the schedule, and families are maintaining or staying, there's a better retention in the home visiting.

We also have some program-level outcomes, including having better supportive policies around how to support children, how to support families and staff who may be facing challenges with challenging behavior, improvements or increasing levels of reflective supervision in programs that have infant/early childhood mental health consultation, and just as a side note, we actually think the engagement around reflective practice, whether it's reflective practice with peers or reflective supervision, is one of the key ingredients that make early childhood mental health consultation as effective as it is. There's research that shows when infant/early childhood mental health consultation is in place there's reductions in staff burnout and increased staff retention. That is really exciting. When we think about what we know makes a difference for very young children, we know it's having relationships that are meaningful and that are ongoing. And so the idea that staff are around longer to engage with children and families makes a huge difference in terms of improvements in attachment, resilience, and improved school readiness. One more slide talking about larger system-level outcomes from infant/early childhood mental health consultation. And this is really improvements in programs who take on developmental screening.

And we know of course in Early Head Start and Head Start, the developmental screening is a requirement, but in other child care programs that have mental health consultation as part of their programs, they're more likely to engage in not only developmental screening but follow-up for that screening, which we know is critical. More likely to identify mental health problems earlier on. And we know that if we think about a two-year-old for example who may have been experiencing challenging behaviors for three months, four months, if we're able to intervene with that early on, that's a huge difference in terms of effectiveness of addressing that concerning behavior than waiting let's say until the child was five or six, who's now in elementary school and those concerns have been happening for three or four years. So the approach is more effective. It's less intrusive and it's certainly less costly.

And then programs who have, lastly, mental health consultation in place are more likely to be able to make those specialty referrals that we know are important in terms of having those relationships that partners in the community who can provide either the special education services or the ongoing treatment for families and children who may need more of that individual counseling-type support. Next on your screen you see a model of effective infant/early childhood mental health consultation. And this was really developed by my colleagues here at Georgetown, Neal was a part of this work, where it

comes from a document called the "What Works" study. And they went around to -- something happened here. There we go. Visited six different sites around the country who had been implementing infant/early childhood mental health consultation quite effectively for a significant period of time. And they did in-depth, two-day or more visits to these programs to really glean: What were the effective components for infant/early childhood mental health consultation? And through those visits around the country and through working with experts who have been doing this work, they developed [Inaudible]. And so I'm going to talk a little just very briefly about the core components. The bottom is solid program infrastructure, and that includes strong leadership, hiring high quality, well trained consultants. We know that providing supervision for the consultants, both clinical supervision and reflective supervision, is critical. Having a strong evaluation of the mental health consultation.

And certainly of course that includes the solid program infrastructure, that includes the ability to finance that mental health consultation. We know that mental health consultation is most effective when the consultants are of high quality and we hope that the program that Lauren very shortly is going to talk to you a little bit about that we've developed can help to improve the high quality of the consultants available. And then high quality services really talk about this idea of a strong initiation. So how do programs get to know the consultant? How does the consultant get to know families? How do families know how to access that consultant, what the consultant does? How does staff throughout the program understand the role of the mental health consultant? How does the consultant collaborate both within the program, with teachers, with home visitors, with the director, with supervisors, as well as collaborate outside of the agency with other program services?

Neal mentioned cultural and linguistic competence is a huge piece of high-quality services of mental health consultation. We know from many studies that that, as well as family focus, rise to the top in terms of the consultation being of quality. And then you'll see along the side -- I don't know if you can read the slide on top where the arrow is but it says, "Catalysts for Success." And we're looking at things like positive relationships is what's listed on the left, and then readiness for early childhood mental health consultation on the right. And we know those two things go hand in hand so that some programs may need to do some work to get ready to really implement high-quality infant/early childhood mental health consultation. But we also know that a positive relationship with a consultant can help them to get ready. So those two things work together to provide the effective consultation. And I mentioned in the previous slides that this kind of implementation can really lead to positive outcomes across the system, from children, families, staff, and program-wide or system-wide.

And then I think you can see along the side that those positive outcomes then inform again how the program can be designed and structured. And so those ideas around sustainability, ongoing evaluation, and continuous quality improvement can continue to be looked at and lead into how the system is designed.

Dr. Horen: Before we move on, there was a couple questions. I'm going to try and answer one and one of them we'll come back to at the end. So Stacey had asked about provider-level outcomes and about this piece on the right that says home visiting. And just to clarify, what's been found is that when home visitors have access to a Mental Health Consultant, that leads to better retention of the families with

whom they're working, not a different outcome, I think Stacey you were asking a great question, so I just wanted to give that clarification. There's a couple other questions, we're going to hold off till the end because we want to make sure that Lauren gets to show off her handiwork, so we're going to turn it over to Lauren.

Amy: But I am glad that you are asking those questions and we're keeping track of them and whatever we don't get to today, we will certainly be able to answer and send out. So here is Lauren. Thank you.

Lauren Rabinovitz: All right, hi, good afternoon everyone. We are going to be experimenting with a little bit of technology here, so hopefully this will work. We're going to switch to a live screen. And I'm hoping that everyone can see what we want you to see. So we're going to switch to the slides first. So if [Inaudible] let us know if there is any issue with what you're all seeing. It's telling me that we are broadcasting our screen. So we're going to go ahead and keep going, all right. So I am so excited to talk to everyone today about this professional development continuum that we have been working on for the last six months. We have worked with stakeholders from across the country and we are so excited for the input that everyone has provided. Our goal here has to build a resource that is truly in consensus of the best thinking across the country and that is a big task and we had a limited amount of time to complete it in but we are really excited to give you a sneak peek of this continuum. It is not quite complete but we are really close. And so what we have is it's essentially one module that is divided into eight lessons, plus newly developed core competencies. And within each of the eight lessons, there are a variety of interactive learning activities. We have a lot of wonderful video. We actually went to three different sites across the country to film actual Mental Health Consultants doing their work with staff and directors and with children and with families.

So we have a little bit of that to show you today. And there's going to be a lot more of that on the course once it's finished. And then we also have extensive resource lists that have everything from journal publications, trainings, strategy materials, a variety of other publications, books. We have a couple PDF documents that are actually not available anywhere else publicly on the web that we have. So we are really excited about all that we have pulled together. And so right now I am going to move to what our instructional design company called the beta design of our product. So we go through several phases. So this is not the finished product but it's quite close to what it will look like. So I'm hoping that everyone is able to see this; wonderful. I'm getting the nod that you are. So that is great. So what you'll see here on the landing page are the eight lessons, plus the core competencies. And one thing I want to point out is that there's no inherent order to how somebody would go through these lessons. You are welcome to go through it in any order that you want.

Perhaps there is something that as a supervisor you're really more interested in the reflective practice piece. If you're a new practitioner, perhaps you're going to start with role. But we really wanted to design something that would be flexible and that the user would have the ability to go through it in whatever way makes sense for that person. And today we're going to show you a little bit of the classroom lesson, program, and child and family. So these three lessons have a very similar, almost really an identical structure. So we're going to go through the child and family, but just know that the program and the classroom and home will and can function in a very similar way. And the role -- I

actually just want to touch on that for a moment -- we don't have anything to show you of the role just yet, but this is one that we are really excited about.

There's actually a ten-question quiz that is designed to help you assess your own knowledge of mental health consultation and where you fit and we think that that's going to really help folks in seeing where they might want to go in some of these other lessons. And you might see on the PowerPoint that there's something that says video and there actually is going to be a video interval section that is really wonderful. But today we're actually going to show you a different video. And I'm going to go back to the slides for a moment. And so this is a video that we call the "Day in the Life" video because that is exactly what it is. So we had the opportunity to go to Boston and spend an entire day with a mental health consultant in a Head Start center and see what it was that she did all day. And this same video is going to appear in the child and family, classroom, and program lesson in an interactive section that I'll show you in a little bit. But let's first show you the "Day in the Life" video. So if we can get that queued up. Narrator: In this video, you will see examples of how the mental health consultant works systematically with program leaders, staff, families, and children.

Consultant: So you know what we're going to do today? We're going to read. Do people remember this book?

Children: Yes!

Narrator: Infant and early childhood mental health consultants work with program leaders, staff, and families to support young children's social-emotional development.

Consultant: I try to use humor and have fun and also, I think, do a lot of rapport building even before talking about mental health. So there's a lot of sharing that goes on with families. Oh, of course. Well you're a mama, you know? You're both mamas and mamas worry. Parent: Always. Always.

Narrator: No two days look the same.

Consultant: Teachers spend more time together often than husband and wives in terms of awake time in very challenging situations. And they really need to learn each other's rhythm and how they can become seamless in their work. Well I think it's one of the things that we've talked about that I appreciate so much about the two of you as a teaching team is that you each bring such different skills and strengths to the classroom, that you really complement each other. So often it's from a stance of wondering with two people together. Try to wonder what that was like for you, or I noticed that this was happening. Can you share a little bit about what that was like for you? And then thinking about how we might work together to honor and respect each other's perspectives, continue to support the kids in the class.

Lauren: To the live screen share. I apologize. I think it sounds like some folks are maybe not able to see the video, so we apologize for that. For those of you, if you were able to see it, I do also want to note that this video is -- everything that you're seeing today is still in draft form. We have a few changes to make here and there. So just wanted to let you know that. So this is going to take a moment for the



screen share to kick back in. And what I want to do next is take you -- as soon as we're in -- I want to take you back to --sorry, hold on. All right. Are we there? Can we see our bubbles?

Dr. Horen: Yes.

Lauren: Yes? All right. Wonderful. Okay. Thanks everyone for your patience. So right now I'm going to go into the child and family lesson. And what happens with all the lessons actually when you go in is you'll see a continuation of the bubbles. And this format looks a little bit different in each lesson but there is almost always going to be -- there will always be a common understand. And I'm just going to go through this quickly. I know you won't have the chance to actually read through all of this. But this is just designed to give you a little insight into what this resource looks like. So what we're going to always do is define what we're talking about. As you know, as you've been hearing over the course of this webinar, mental health consultation has been evolving and missions are constantly evolving and changing. And so we're telling you we want to give you the idea of what we mean when we say child and family-focused consultation. So after the common understanding page, then you move to something that we're calling "Day in the Life" and that lovely video that some of you were able to see is going to be on this page. And for those of you that weren't able to see it, in a short amount of time, this will all be live and you'll see it for the first time. And so here what we have done is defined the activities of what a mental health consultant is doing when they are doing child and family-focused consultation. And so this is -- we talk about discussing different services, gathering and reviewing information. Like I said, I'm going to go through this all very quickly but essentially you click on something and then you get the definition and that's what this little interactive piece is about. But then what I mentioned a few moments ago is the scenarios. So this is something that we have worked really hard on in really trying to engage the learner into doing some critical thinking about what he or she might do when faced with a certain scenario. So we have three scenarios in the child and family lesson. We have three different scenarios in the program lesson and we also have three scenarios in the classroom lesson. And so how this works is we want you to first do some reading about the situation. We have directions. And what you do is you're going to read about the characters. You're going to read about the setting.

There's a situation and there's some background notes. And then your prompt is basically think about all these things and then decide what would you do. So there are three different options and I'm not going to click all the way through because then we will give it away of what the correct answer is. That just gives you a little sense of what that's going to be like. And like I said, there are three lessons that have a very similar structure. And the last thing I want to show you from here is the resources. We've worked very hard on compiling a lot of different resources. And you can see the different categories that they fall under. I'll just click on journal publications and they are all downloadable PDF live documents. So if you download it to your computer, you can click on these hyperlinks. And you also can print these lists out. You can use them for whatever way makes the most sense to you.

And we think that these are going to be extremely helpful. And I'm going to go back to the slides now. Okay, and we have another video that we would like to show you and I'm hoping that it works for at least some of you. We have a couple different videos that will be in the child and family lesson. This one in particular is showing you the experience that a parent had working with the mental health consultant

and then also shows the experience that the teachers had working with the mental health consultant, specifically about a child that was experiencing some behavioral challenges. So now we'd like to play video two.

Narrator: You will hear a parent talk about how Debby, the early childhood mental health consultant, helped her with her daughter's behavior.

Veronica: What she helped me more with was basically more my child's behavior. One minute she has attitudes and I couldn't really understand why she would have an attitude, but she made me realize just I have to sit down and just look at her face and just notice her face expressions. And that's something that I've learned a lot. My daughter's the type of person that she has her days. She has good days and bad days and I learn from it. Because whenever she's feeling down or whatever, something is bothering her, I already know. I know how to approach her about it and Debby showed me a lot because now I have more communication with my daughter, something that I couldn't really understand. Because when my daughter was three, it was hard. She wouldn't speak or anything. She would just cry and yell and now it's different because now she talks. And she tells me how she's feeling. And that's because Debby had taught me sit down, go to their level, and just talk to her. See what's going on and see if she'll talk back. And that's exactly what she did. Don't get me wrong --before I was confused and I didn't know what to expect but now I know what to really expect. And I really have this incredible bond with my daughter. It's like unstoppable. I'm learning a lot as well.

Narrator: Now you will hear teachers and a mental health consultant talking about how they supported Veronica's daughter in the classroom.

Debby: So it took time for her to trust you.

Rubi: Yeah, trust us and then we talked a lot and then she has confidence with talking. She talks a lot.

Debby: Yeah, her mom mentioned that too.

Rubi: Yeah, she talks a lot. She has really changed, big change.

Therese: Well that's their job. That's their job. If they want to observe you or figure you out to trust you, that's their job.

Debby: For the kids to trust you.

Therese: So I figure it is their job. Let them do their job and they'll come around. And eventually they do.

Lauren: All right, thank you so much. But what we're going to do is we're going to go to the next slide and so we're just going to talk through the programmatic consultation. I don't need to necessarily show you the prototype again because like I said, the program and classroom and home consultation lessons are very similar to the child and family. And what we do want to save time for is to go through to show you a little bit of another video. So just briefly, as far as programmatic consultation, this is what it sounds like. What does it mean to provide consultation to a program? And again, we have defined the

different activities, so it's that same interaction that you saw before. And then there are three different scenarios that go over different aspects of programmatic consultation. Something I do want to note is that this is a broad field.

Neal started with that in the beginning, talking about all the different setting where infant and early childhood mental health consultation is taking place. And we do want to be clear that this is not a resource that we believe covers every single aspect of every piece of consultation in every setting that exists. What we have tried really hard to do is create scenarios and resources that will help a mental health consultant and supervisors and really anyone involved in the field to just move their practice forward. But when it comes to some of the different scenarios, we know that not every scenario's going to exactly hit on what your specific model may look like, but we're hoping that it will still be helpful and informative and we are going to be very eager for feedback. So now we just want to show a little bit of a third video. We are going to cut it off halfway through because it is a five-minute long video. And what you're going to see is a director and a mental health consultant from New Orleans talking about their experience of working together. So if we can play video three now, and we'll just make sure we cut it off at 2:48, please.

Narrator: You will hear from mental health consultants, center directors, and staff from Boston, New Orleans, and Chicago as they discuss how mental health consultation is helpful at a programmatic level.

Paula: We do monthly meetings. And in addition to the fact that I am a very present owner, I am always here, I am always in the classroom. And because of that, we talk with our staff all the time. They understood from me communicating to them verbally, this is not someone who's coming in with a laptop who's going to critique what you do, critique how you speak to children. This is just someone that's going to come help you. Again, whether that's help you need on an individual basis, whether that's help you need with a child, that's all this person is here to do. So just know that that is a support. It is nothing beyond that. You're not going to get in trouble. You can't do anything wrong. You can share that. And I think over time, that mental health consultant began to develop the support and the trust with those individual teachers.

My staff for the most part has been with me for a long time, average being about ten years. So they got familiar. They knew who these people were. They began to anticipate her arrival on a Tuesday. Oh Courtney's coming or Emily's coming and excited that she was there to provide them with support. Does she trust me enough to ask me, "What do you think about this? Have you looked at that?" as opposed to just spurting out, "Well this is what you need to do." And I guess that's another reason I have trusted her so much. "Well Paula, have you looked at this? What do you think? Because you are a professional," and she looks at me as such, again helping me build that relationship with her.

Emily: So when I first start off with new contract with a center, I do my best to sit down with the director if they're available to set some goals. We work with schools for a six-month period of time and over that course of six months, I like to have some clear goals to work on, whether it's teacher-focused, director-focused, maybe some child behaviors that need some addressing. So I kind of get a big picture of what to work on over the course of six months, but certainly each visit is like a new goal. Each visit is a new

opportunity to say, "What's going on? What can we do today to either offer some support to children or teachers or you, the director? And what can we work on now in the moment right here?" So sometimes we do deviate from those big goals, but ultimately each of those daily visits is a process towards achieving those goals that we set from the very beginning.

Lauren: Great. Okay, thank you so much. Once again, many apologies to those of you who are not able to see the videos. Technology sometimes works with us and sometimes does not. So we have a little bit of time left and we'd really like to take some time for questions.

April: Great. Thank you guys so much for all of the information that you've given us. For those who are having issues with the videos or with the screen share, we'll follow up with you after the webinar has ended to ensure that you've gotten the link and that you can get all of the information that's been presented. So no worries on that end. So first question is: What is considered a high-quality consultant? Are there specific qualifications that we should be looking for?

Amy: Sure. That's a great question. And that question comes up all of the time when we do training around the country. The first thing that I would like to share about that is for Early Head Start and Head Start programs, there are qualifications listed in the Head Start Program Performance Standard. And some of those qualifications include that the person needs to be licensed or certified in their state. That typically means, not in every state, but typically. And this is a qualification that we have all stood behind in terms of our collective thinking and working with the experts around the country that the person have a master's level minimally in psychology, social work, counseling, mental health, something that we feel an advanced degree is required to do this kind of work. But back briefly to the Head Start Performance Standard, they also include that the person has experience working with young children and families with low incomes. I would add to that certainly that anywhere a mental health consultant is working, they should be familiar with the population that they're working with. We know time and again that the research has shown that the consultant's ability to be family-focused and to work cross-culturally or to be culturally responsive are two of the most important things in terms of a high-quality consultant. So the person being familiar with and able to engage with the population that they're working with is critical.

There's some more information about qualifications for consultants in specific programs around the country in the "What Works" document that can be found on the Georgetown website, the Georgetown Center for Child and Human Development. If you go there, you can find the "What Works" report that talks about those six different centers that have been implementing infant/early childhood mental health consultation for quite some time. And they each talk about how they hire qualified consultants, how they train their consultants, and the types of things that they specifically look for in those programs. Finally, I just want to mention that part of this professional development tool that Lauren introduced you to will include competency for infant/early childhood mental health consultants. And so there have been other competencies certainly that many states have adopted around infant mental health and there have been competencies around consultation.

But we think that this is a next step in really thinking about what are the competencies for consultants to provide infant/early childhood mental health consultation. And we're happy to say more about that or to share more specific information about that if you'd like to contact us. And it will be included in the professional development lesson materials once it gets published.

April: Great, thank you. We've got so many good questions coming in. So the next one: Is there any research or best practice recommendations for how long mental health consultation should continue and/or the frequency of visits?

Dr. Horen: I'll take first shot. This is Neal, the one with the male voice. So yes there is and no there's not, in the sense that we've looked at, and a number of researches have looked at, is there some -- it's sort of a dosage question, meaning is there some minimal number or maximum number of sessions that a mental health consultant might provide? And the answer is we've seen really good outcomes in mental health consultation programs where the mental health consultant is embedded for a year or two years and we've seen good outcomes when the mental health consultant is sort of on a limited six-visit model. So as of right now, while there's research that shows that you can get positive outcomes with lots of different dosages, there's not data that suggests that there has to be one way of doing this. We've seen great success in programs in a number of places where their Mental Health Consultant's available, and obviously you all know that in Head Start, we're hoping they're available as much as possible. And we've seen it when there's more limited availability. It's a great question. And a lot of that information is also contained in our "What Works" study, which is on the Georgetown website.

Amy: One of the research pieces that we know -- one of the earlier research pieces -- around outcomes done by Beth Green talked about effective mental health consultation, having that the mental health consultant has a long term relationship with the program, and I think that type of model fits with the performance standards related to Early Head Start and Head Start, that the consultant has that ongoing long-term relationship with the program. Many other faiths and communities have different types of models, as Neal was talking about, the six-month models or a model that looks at certain pieces of work and once that work is done, they go on to a different center but then can come back if something else comes up. There are lots of different ways to design the mental health consultation and I don't think the research is at the point where it says this is the way to do it or this has better outcomes than this approach.

April: Great. Thank you. That was great. So we've got two more. I think we'll have time for two more questions. So next: is the Mental Health Consultant a referral source for parents and mental health services?

Amy: Say that question one more time April.

April: So basically, can the mental health consultant function as a referral source for parents who also need mental health services?

Dr. Horen: So that is of the types of things that a mental health consultant might do. That may be one of them. Meaning, certainly a Mental Health Consultant, what you hope is that they recognize when

there's something that may necessitate a referral and they're really well-versed in what's available in that community, whether its more intense treatment or it's other types of supportive services or evaluation or things like that. That's one of the functions that we hope the effective mental health consultant is doing on an ongoing basis.

Amy: And I would just add to that, Neal mentioned early in the webinar that the consultant is providing consultation to families and providing consultation to home visitors, directors, teachers, all kinds of folks. They are not doing ongoing treatment for families or for staff. So if a family needs that ongoing counseling, then they would absolutely be a wonderful bridge to that service. And we talk a lot about whoever is in the program making a referral for counseling or for therapy, that it's kind of what we refer to as a warm handoff. They know the community services. They know the people in those agencies so that they can make a personal introduction rather than giving a phone number or giving a name of an agency with a phone number and hoping there will be follow-up as a result of that. But really, instead making that personal introduction. April: Great. Thank you. And last question: Is there information about what should be included in contracts or MOUs with a consultant? Lauren: So one of the great things when we started working on this professional development continuum or the lessons is that we were able to build upon much of the success of a previous project here at Georgetown headed up by Deb Perry, the Center for Early Childhood Mental Health Consultation. And all of those resources are still available online for free. I would highly recommend, if folks aren't familiar with that website, to go ahead and take a look at that, the Center for Early Childhood Mental Health Consultation. And in that website, there is a sample MOU, sample contracts, things like that. So that is one place that I know of that you can access some sample MOUs and contracts.

Dr. Horen: That's at [ecmhc.org](http://ecmhc.org). Early Childhood Mental Health Consultation dot org. ECMHC.org.

Amy: And one of the pieces of advice we mention around contracting and around MOUs, from our experience providing training around the country, often consultants in early childhood programs, particularly Head Start because they've been doing this for a long time, do what they've always done. And that's the way it's set up. And so what we encourage when thinking about developing a contract or MOU is to really be, as we've been talking in the past about being a good consumer of mental health consultation services, so that the director of the program really knows what they want the Mental Health Consultant to do, because they've looked at some of the research.

They've seen how to effectively set it up. And so then it's a partnership between the consultant and the director. And that they provide the consultant with all the mental health standards in Head Start. And there are about 40 of them. And if anybody wants those collated, sort of in a handout separated out --so they don't have to look through all of the standards --but every consultant working at least in Early Head Start and Head Start would have those as a base to help them think about how to set it up. April: Great. Thank you so much Amy, Neal, and Lauren. I see that there are lots of questions that have come in that we weren't able to get to but we'll get to them and we'll get you back via email with those answers. And if you do have questions that you weren't able to ask or that come up as you're watching the archive, please give us an email at [nchinfo@aap.org](mailto:nchinfo@aap.org) and we'll answer your questions.

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